

[Second Reprint]

ASSEMBLY, No. 4049

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED MAY 19, 2022

Sponsored by:

Assemblywoman ANGELA V. MCKNIGHT

District 31 (Hudson)

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

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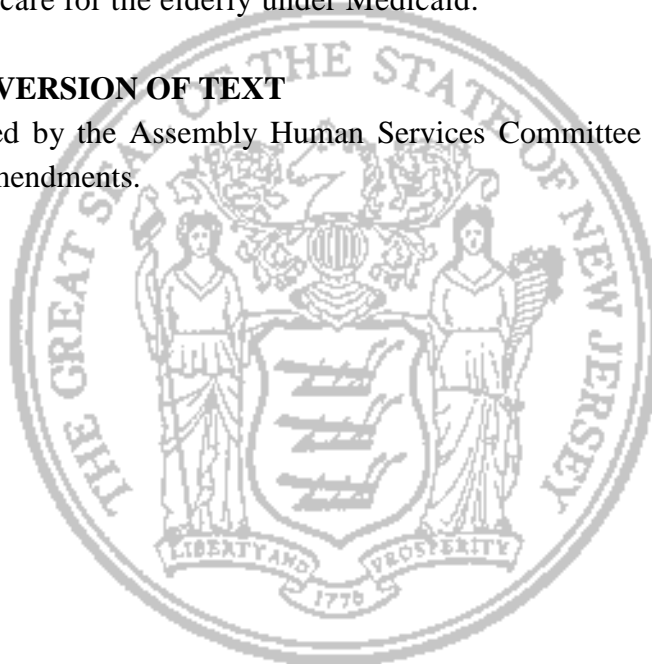
**Assemblymen Danielsen, Verrelli, Assemblywomen Jaffer, Jimenez,
Assemblyman Guardian and Assemblywoman Carter**

SYNOPSIS

Provides for presumptive eligibility for home and community-based services, nursing home services, and services provided through programs of all-inclusive care for the elderly under Medicaid.

CURRENT VERSION OF TEXT

As reported by the Assembly Human Services Committee on February 9, 2023, with amendments.



(Sponsorship Updated As Of: 6/29/2023)

1 AN ACT concerning presumptive eligibility for Medicaid home and
2 community-based services ², nursing home services, and services
3 provided through programs of all-inclusive care for the elderly.²
4 and supplementing Title 30 of the Revised Statutes.

5
6 **BE IT ENACTED** by the Senate and General Assembly of the State
7 of New Jersey:

8
9 1. a. The Department of Human Services shall provide for the
10 presumptive eligibility for home and community-based services ²,
11 nursing home services, and programs of all-inclusive care for the
12 elderly (PACE)² under Medicaid for an individual who is: seeking
13 home and community-based services ², nursing home services, or
14 PACE enrollment²; awaiting an eligibility determination for
15 Medicaid and any applicable Medicaid waiver program offering
16 home and community-based services ², nursing home services, or
17 services provided through PACE²; and likely to be financially and
18 clinically eligible for Medicaid and any applicable Medicaid waiver
19 program offering home and community-based services ², nursing
20 home services, or services provided through PACE², as determined
21 by the department.

22 b. The department shall provide Medicaid coverage for eligible
23 home and community-based services ², nursing home services, or
24 services provided through PACE² to an individual who is granted
25 ¹**【presumptively】 presumptive**¹ eligibility pursuant to this section.
26 Coverage provided under this subsection shall begin upon the
27 receipt of an individual's request for services, pursuant to
28 subsection c of this section, and shall be terminated if the individual
29 is determined clinically or financially ineligible for home and
30 community-based services ², nursing home services, or services
31 provided through PACE² under Medicaid during the eligibility
32 determination process.

33 c. An individual seeking presumptive eligibility for home and
34 community-based services ², nursing home services, or services
35 provided through PACE² under Medicaid shall submit a request to
36 the department in a manner and form as determined by the
37 commissioner.

38 d. ¹**【The】 An**¹ individual granted presumptive eligibility
39 pursuant to this section shall be required to submit a completed
40 application for Medicaid and any applicable Medicaid waiver
41 program offering home and community-based services ², nursing
42 home services, or services provided through PACE² no later than

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly ASE committee amendments adopted June 2, 2022.

²Assembly AHU committee amendments adopted February 9, 2023.

1 the end of the month following the month in which presumptive
2 eligibility is granted.

3 e. ²A home and community-based services provider, nursing
4 home facility, or PACE center shall be reimbursed for all Medicaid-
5 eligible services rendered to an individual who has been granted
6 presumptive eligibility pursuant to this section, regardless if the
7 individual granted presumptive eligibility is determined clinically
8 or financially ineligible for home and community-based services,
9 nursing home services, or services provided through PACE under
10 Medicaid during the eligibility determination process.

11 f.² The department shall provide each individual granted
12 presumptive eligibility pursuant to this section a written notice
13 explaining the terms and conditions of presumptive eligibility and
14 the home and community-based services ², nursing home services,
15 or services provided through PACE² the individual will be eligible
16 to receive.

17 ²**[f.] g.**² The commissioner shall apply for such State plan
18 amendments or waivers as may be necessary to implement the
19 provisions of this section and to secure federal financial
20 participation for State Medicaid expenditures under the federal
21 Medicaid program.

22 ²**[g.] h.**² As used in this section:

23 “Commissioner” means the Commissioner of Human Services.

24 “Department” means Department of Human Services.

25 “Eligibility determination” means the administrative process by
26 which the Division of Medical Assistance and Health Services in
27 the Department of Human Services or a county welfare agency
28 reviews a beneficiary’s income, financial resources, and
29 circumstances relating to the beneficiary’s application for benefits
30 received under Medicaid or any applicable Medicaid waiver
31 program offering home and community-based services ², nursing
32 home services, or services provided through PACE².

33 “Medicaid” means the Medicaid program established pursuant to
34 P.L.1968, c.413 (C.30:4D-1 et seq.).

35
36 2. The Commissioner of Human Services, in accordance with
37 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
38 1 et seq.), shall adopt such rules and regulations as the
39 commissioner deems necessary to carry out the provisions of this
40 act.

41
42 3. This act shall take effect immediately.